

DISTRIBUTION

White – Dept. of Agriculture
Canary – Establishment
Green – Service Company

DEPT. USE ONLY	
Quality Control	Date Completed
Inspector No.	P/F

PLACE IN SERVICE REPORT**PLEASE PRINT LEGIBLY**

BUSINESS NAME		PHONE NUMBER	DATE OF SERVICE	
MAILING ADDRESS	COUNTY	CITY	STATE	ZIP CODE

PHYSICAL LOCATION OF DEVICE IF DIFFERENT THAN ABOVE**(Use a different form for each location.)**

ADDRESS/LOCATION		PHONE NUMBER
COUNTY	CITY	CONTACT PERSON

SPECIAL NOTICE: The National Type Evaluation Program (NTEP) Certificate of Conformance Number must be recorded in the "COMMENTS/COC" column below.

DEVICE DESCRIPTION					
TYPE DEVICE (Codes on back)	MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	CAPACITY/ FLOW RATE	COMMENTS/ NTEP COC
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				
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	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				

SERVICE AGENCY INFORMATION

AGENCY NAME			MI REGISTRATION NUMBER	
ADDRESS				
CITY	STATE	ZIP	PHONE	

NOTE: In accordance with P. A. 283, of 1964, as amended, Michigan Weights and Measures Act, a Place In Service Report and copy of test results must be mailed within five (5) business days for each out of service device returned to service, each new installation, and other devices restored to service.

By my signature, I certify that the device(s) listed above were installed and/or calibrated to applicable requirements as set forth in P. A. 283, of 1964, as amended, the Michigan Weights and Measures Act and NIST Handbook 44. I also certify that the standards used in such testing and calibrations are currently certified (_____ Test Report Number) and that I have sealed all adjustments as required.

NAME OF SERVICE AGENT (PRINT)	SIGNATURE OF AGENT	MI REGISTRATION NO.
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DEVICE CODE	DEVICE
01	Vehicle Scale (2 Section)
02	Livestock Scale
03	Platform (1500 lbs. or less), Animal (all), Portable Hopper (all)
04	Hopper Scale (over 1500 lbs.)
05	Monorail Scale
06	Counter Scale/Hanging Pan Scale
07	CNG Meter
09	Vehicle Scale (3+ Section)
10	Single Product Retail Meter
11	Vehicle Tank Meter/Loading Rack Meter (100 GPM or less)
12	Platform Scale (over 1500 lbs.)
13	Single Product Retail Meter (over 25 GPM and/or with a slave)
14	LPG Meter (25 GPM or less)/stationary
15	LPG Meter (over 25 GPM)
16	Blended Product Retail Meter
17	Crane Scale
18	Loading Rack Meter (over 100 GPM)
26	Agri-Chemical Meter
29	Railroad Scales
30	Belt Conveyor
31	Mass Flow Meter
32	Taxi Meter